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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Santorum for President 2016 P.O. Box 238 ADDRESS (number and street) (Check if address is changed) Verona 15147 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ted@kochandhoos.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.ricksantorum.com (Check if address is changed) DATE 02 2018 C00578492 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Rothman, Greg, , , Type or Print Name of Treasurer Rothman, Greg, , , [Electronically Filed] 01 10 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

F	EC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	
		e Committee:	
(a)	x	This committee is a principal campaign committee. (Complete the candidate information below	)
(b)	Ц	This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
Name Cand		Santorum, Richard, J., ,	
Cand		Office  REP Sought: House Senate X President	State
Party	Affiliati	on REP Sought: House Senate X President	District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	(Domogratio
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	·
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	1.		
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FFC Form 1 (Deviced 03/2000)	Daga 2
FEC Form 1 (Revised 02/2009)  Write or Type Committee Name	Page 3
Santorum for President 2016	
	g Denrecentative or Leadership DAC Spancer
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising	g Representative, or Leadership FAC Sponsor
Rick Santorum for President, Inc. (2012)	
P.O. Box 238  Mailing Address	
Verona Verona	PA 15147
CITY	STATE ZIP CODE
	_
Relationship: Connected Organization X Affiliated Committee Joint Fund	Iraising Representative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and books and records.</li> </ol>	d position of the person in possession of committee
Rothman, Greg, , ,	
Full Name	
P.O. Box 238  Mailing Address	
Verona	PA 15147
Title or Position CITY	STATE ZID CODE
Title or Position CITY	STATE ZIP CODE
TreasurerTreasurer Telephor	ne number 717 571 - 3345
<ol> <li>Treasurer: List the name and address (phone number optional) of the treasurer any designated agent (e.g., assistant treasurer).</li> </ol>	of the committee; and the name and address of
Full Name Rothman, Greg, , , of Treasurer	
Mailing Address P.O. Box 238	
Verona	PA    15147
CITY	STATE ZIP CODE
Title or Position Treasurer Title or Position Treasurer Telephor	ne number 717 - 571 - 3345

FEC Form 1 (Re	evised 02/2009)		Page <b>4</b>
Full Name of Designated Agent Koch	, Theodore, V., ,		
Mailing Address	901 N Washington St		
	Ste 700		
	Alexandria CITY	VA 22 STATE	ZIP CODE
Title or Position Assistant Treasurer		ephone number 703	_ 299 8570
safety deposit boxes or Name of Bank, Deposit		he committee deposits funds	, holds accounts, rents
PIN	Barik 1825 N. Washington St.		
Mailing Address	JZG 14. VVAGIMIGIOTI GL.		
			214
	Alexandria	VA	314
_	CITY	STATE	ZIP CODE
Name of Bank, Deposit	ory, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Page \_\_\_\_ **of** \_\_\_\_

n). Joint Fundraising				
1.			FEC ID number	C
2.			FEC ID number	C
3			FEC ID number	C
4.			FEC ID number	C
ame of Any Connected C	rganization, Affiliated Commi	ttee, Joint Fundra	ising Representative	e, or Leadership PAC Spor
SANTORUM PATE	RIOT VOICES FUND			
Mailing Address	901 N WASHINGTON ST			
	STE 700			
	ALEXANDRIA		, , ,   VA	22314
Relationship:	CITY 4	<b>L</b>	STATE ▲	ZIP CODE ▲
	Organization Affiliated Com	mittee X Joint I	Fundraising Representa	ative Leadership PAC S
Connected	Organization Affiliated Com		Fundraising Represent	ative Leadership PAC S
Connected esignated Agent: Identify	_		Fundraising Representa	ative Leadership PAC S
Connected esignated Agent: Identify Full Name	_		Fundraising Represent	ative Leadership PAC S
Connected esignated Agent: Identify Full Name	_	ber – optional)		
Connected esignated Agent: Identify Full Name	by name, address (phone number)	ber – optional)		Leadership PAC S
Connected  esignated Agent: Identify  Full Name  Mailing Address	by name, address (phone number)	ber – optional)		
Connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION	oy name, address (phone numb	per – optional)	STATE A ephone Number	ZIP CODE A
Connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositori fety deposit boxes or main  ame of Bank,	oy name, address (phone numb	per – optional)	STATE A ephone Number	ZIP CODE A
Connected  esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositori fety deposit boxes or main ame of Bank, epository, etc.	oy name, address (phone numb	per – optional)	STATE A ephone Number	ZIP CODE A